

**Louisiana Office of Telecommunications Management
Web Billing Security Access Request Form
for Telecommunications Coordinators (OTM-26)**

- ☐ Yes ☐ No **Print and mail my OTM bill**
☐ Yes ☐ No **I would like to have the capability to view and/or download my OTM bill via the Internet**

First name: _____

Last name: _____

Initial password:* _____

Email address: _____

Phone number: _____

Department/agency name/description: _____

List ALL OTM Accounting Units/Cost Center numbers that you are authorized to view**

TC Signature _____

Date _____

* Passwords are alpha/numeric, case sensitive, and required to be from 6 to 20 positions long.

** Please check accounting unit/cost center numbers for accuracy and confirm with your agency fiscal officer.

If you decide to download your bill from the Internet at a later date and do not want OTM to print and mail it, you must notify OTM by the 19th of the month or you will continue to receive the printed bill, and be charged \$.50 per printed page.

Submit a separate form for each authorized TC

OTM-26 (03/05)

Fax the completed form to OTM at 225-342-7372.